201312A

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR TELECOMMUNICATIONS CARRIERS TYPE: MIXC [] CLEC [] ILEC [] Wireless

as:	shopper Group, LLC			
Comp	pany Name		FEIN/SSN (800) 820-8210	
)ba/f	ka		Telephone #	
	1st Avenue, Suite 200			
	ng Address			
	Iham, Massachusetts 02494 State, Zip Code			
ار, ر	State, Zip Code			
Busin	ess Location		-	
City,	State, Zip Code		County	
	<u>_</u>	REGISTERED AGE	NT INFORMATION	
Regis	stered Agent: Corporate Filing	Solutions, LLC		
Mailir	ng Address: <u>317 Ruth Vista R</u>	load		
Lexir	gton, South Carolina 29073			
	State, Zip Code			
uant	to the Commission's rules	and regulations, p	rint or type company contact for the foll	owing areas
١.	General Manager (Include	e Address if different	than above)	
۹.		e Address if different Facsimile Number	than above) / / E-mail Address	
A. B.		Facsimile Number	/ E-mail Address	pove)
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In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

_	The Commpliance Group, 1420 Spring Hill Road, Suite 401, McLean, Virginia 22102					
G.	Regulatory Officer (Include Address if differ					
	(703) 714-1309 / 703-714-1330	/ vmp@commpliancegroup.com / E-mail Address	·			
	Telephone Number / Facsimile Number	/ E-mail Address				
	The Commpliance Group					
Н.	Dual Party Mailings (Name)					
	1420 Spring Hill Road, Suite 401, McLean, Virginia 22102					
	(Mailing Address)	(
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	Telephone Number / Facsimile Number	/ E-mail Address				
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	Telephone Number / Facsimile Number	/ E-mail Address				
	The Commpliance Group					
J.		Universal Service Fund Mailings (Name)				
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	Telephone Number / Facsimile Number	/ E-mail Address				
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		/ L-mail Address				
	The Commpliance Group					
L.	Lifeline Mailings (Name) 1420 Spring Hill Road, Suite 401, McLean, Vi	irainia 22102				
	(Mailing Address)	Igilia 22 102				
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	Telephone Number / Facsimile Number	/ E-mail Address				
	Vineetha Pillai	1 White	<u> </u>			
	This form was completed by	Signaturé				
	Regulatory Consultant	/ July 31, 2013				
	Title	Date				

RETURN COMPLETED FORM TO:

Public Service Commission of SC

Docketing Department Post Office Drawer 11649 Columbia, South Carolina 29211 And Office of Regulatory Staff

Attn: Jeanne Gordon 1401 Main Street, Suite 900 Columbia, South Carolina 29201